



Lakeshore Community Action Program, Inc.
 702 State Street, PO Box 2315
 Manitowoc, WI 54221-2315
 Phone: 920-682-3737 — Fax: 920-686-8700

**GED — GENERAL EDUCATIONAL DEVELOPMENT
 OR HSED — HIGH SCHOOL EQUIVALENCY DIPLOMA
 SCREENING APPLICATION INFORMATION**

Enrollment Date _____

(PRINT)

Applicant's Full Name: _____

Address: _____

City/State/Zip Code: _____

Race: Check One Black Hispanic White (Non-Hispanic) Native American Asian/Pacific Islander Alaskan Native
 Other _____

Home Email Address: _____ Phone # _____ Birth Date: _____

Check One Are you a US citizen? Yes No Are you a US Veteran? Yes No Are you receiving Disability? Yes No

Have you been convicted of a felony? Check One Yes No Felony Name: _____

Do you have Health Insurance Coverage for yourself? Check One Yes No Name of Coverage: _____

Are you currently disabled and receiving payments? Check One Yes No

Which county services you are presently using: Check ALL that Apply

FoodShare Medical Assistance BadgerCare WIC Child Care Assistance Other: _____

HOUSEHOLD LIVING DEMOGRAPHICS

Rent per month \$ _____ Homeless Shelter: Check One Hope House The Haven Other: _____

Are you the parent of child(ren) under the age of 18? Check One Yes No How many children do you support? _____

How many people live in your household including yourself? Adults: _____ Children: _____

Please list household's immediate family members:

(PRINT) Full Name	Relationship to You	Birth Date	Race	Social Security #

APPLICANT INCOME INFORMATION

Employer Name: _____ Job Title: _____ Weekly Hours: _____

Employer Address: _____ Pay per hour: \$ _____

Are Health Care Benefits offered at employer? Check One Yes No Payroll Frequency: Check One Bi-Weekly Weekly Monthly

Schooling choice that you would like to achieve: Check One

(GED) General Educational Development (HSED) High School Equivalency Diploma

What kind of job are you looking for after completing your GED or HSED? _____

How long will it take you to achieve this goal? _____ Highest grade completed? _____

I certify that my answers are true and complete to the best of my knowledge. I also understand that I may be asked to provide proof of any information given on this application form.

Applicant Signature: _____ Date: _____

Lakeshore CAP Employee Signature: _____ Date: _____